

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 20, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Gratitude Café & Bakery, 1511 North Cotner requesting a class I liquor license.

Katharine Cloran, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Katharine Cloran was born in Lincoln, Nebraska. She attended High School in Florida graduating in 2005.

Katharine Cloran employment history is as follows:

2009 - Present	Supervisor, Russ's Market	Lincoln, NE.
2009 - Present	Sub, Lincoln Public Schools	Lincoln, NE.
2008 - Present	Owner, Groovy Granola	Lincoln, NE.
2005 - 2008	Caregiver	Lincoln, NE.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

06/01/2012

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

128-

88

CHILD - NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. Katharine Elizabeth Cloran			2. Female	3a.		3b. 8:30 A.M.
HOSPITAL - NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. Bryan Memorial Hospital			4b. Yes	4c. Lincoln		4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief.			DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5a. (Signature)			5b. 1/13/89		5c.	
CERTIFIER - NAME AND TITLE (Type or print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. Dennis L. Hodge M.D.			6b. 301 So. 70th Street, Lincoln, NE 68510			
REGISTRAR - SIGNATURE			RECEIVED		MONTH DAY YEAR	
7a. M. Jane Ford			7b. JAN 18 1989			
MOTHER - MAIDEN NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Maralee Sue Mitzner			8b. 37	8c. Nebraska City, Nebraska		
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. Nebraska	9b. Lancaster	9c. Lincoln 68507	9d. Yes	9e. 7100 Hook Drive		
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME FIRST MIDDLE LAST			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
11a. William Francis Cloran, Jr.			11b. 40	11c. Waltham, MA		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.			RELATION TO CHILD			
(Signature of Parent or other Informant)			12b. Mother			
12a. Maralee S. Cloran						

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AUG 29 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL, SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website

Office Use

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AUG 29 2002

NEBRASKA LIQUOR
CONTROL COMMISSION

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Clorian
First Name: Katharine MI: E
Home Address: 2340 Northline Ct. City: Lincoln Zip Code: 68521
Social Security Number: _____ Date of Birth: _____
Home Telephone Number: 402-461-3403 (Day phone: 402-207-4866)
Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐ YES

☒ NO

If yes, provide your spouse's information below

Spouses Last Name: _____
Spouses First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Drivers License Number: _____ State: _____

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

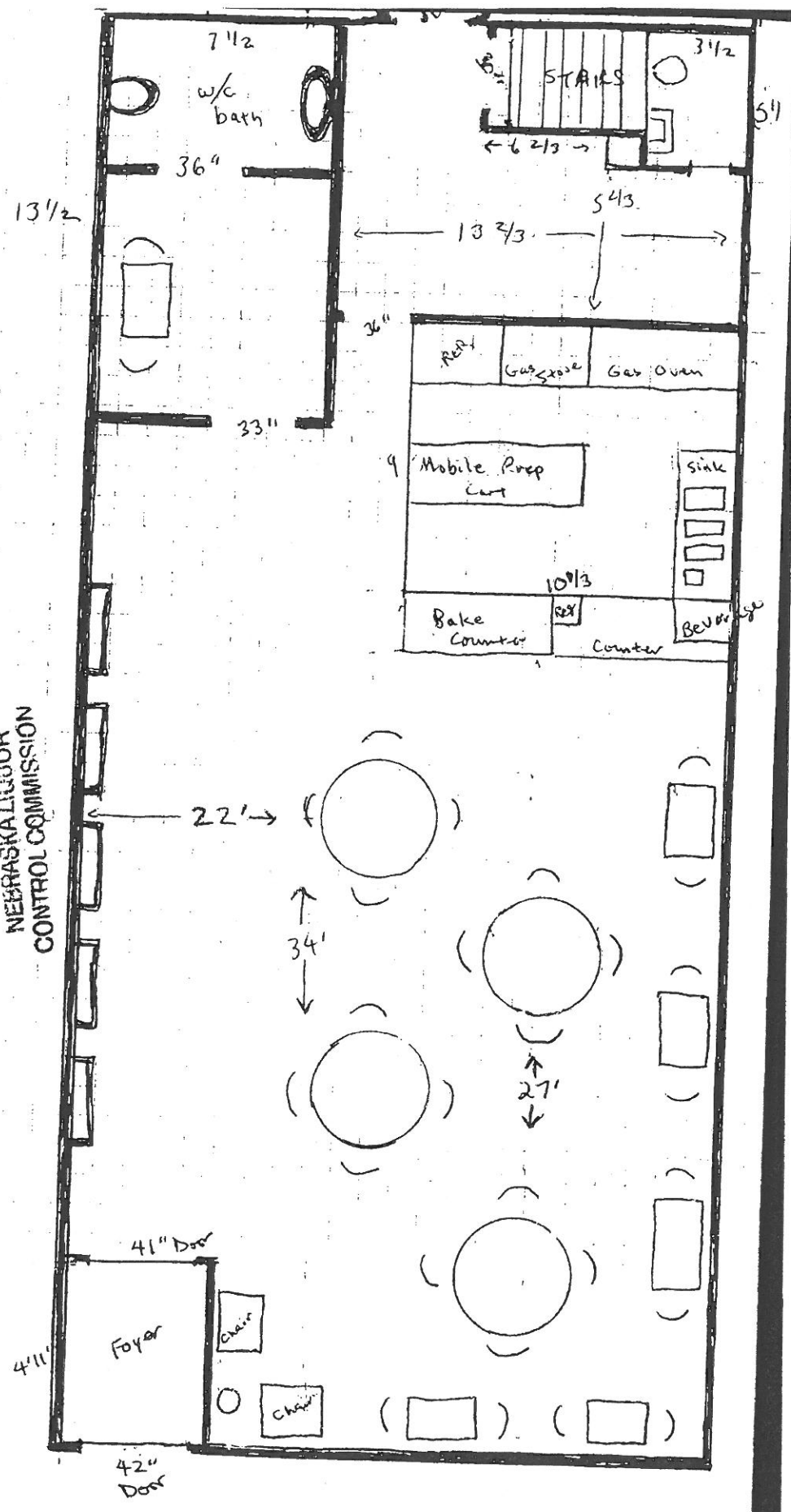
1 ft. = 1 sq.

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AUG 29 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Manatee Clara
402-202-4566



PREMISE INFORMATIONTrade Name (doing business as) Gratitude Cafe + BakeryStreet Address #1 1551 N. Cotner Blvd.Street Address #2 Mailing: PO Box 5132City Lincoln County Lancaster Zip Code 68505Premise Telephone number 402-202-4566Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Kate Cloran, Gratitude Cafe + BakeryStreet Address #1 PO Box 5132

Street Address #2 _____

City Lincoln State NE Zip Code 68505**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 34 feetWidth 22 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET